



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Care Facility Licensure and
Certification
99 Chauncy Street, Boston, MA 02111

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Circular Letter: DHCQ – 15-02-628

TO: Nursing Home Administrators

FROM: Sherman Lohnes 
Director, Division of Health Care Licensure and Certification

SUBJECT: Dementia Special Care Unit – Annual Disclosure Statement

DATE: February 12, 2015

Any nursing home that holds itself out to the public or advertises itself as having a dementia special care unit must comply with the requirements at 105 CMR 150.022 through 150.029, and submit its annual disclosure form to the Department of Public Health by March 1, 2015, as required at 105 CMR 150.028(A), regardless of whether the information previously reported in the form has changed.¹

Disclosure forms must be submitted electronically to the Department using the Health Care Facility Reporting System (HCFRS). When submitting its disclosure form, a facility must follow these steps:

1. Complete the disclosure form in its entirety (see attached).
2. Scan the disclosure form.
3. Create an incident in HCFRS under the incident type “Dementia SCU Disclosure” using March 1, 2015, as the incident date if you are refiling (or the actual or projected opening date of the unit if this is an initial submission).
4. Attach the scanned copy of the completed disclosure form to the incident created.
5. Submit the incident to the Department by March 1, 2015 (or prior to projected opening date if this is an initial submission).

¹ Note that all nursing homes, including those without a dementia special care unit, must comply with the training requirements at 105 CMR 150.024 and 150.025.

- 6. Submit any requests for a waiver by mail, as indicated below.** A copy of your waiver request should be scanned and attached with your disclosure form.

Any facility which is seeking a continuation of a waiver, or a new waiver, of a dementia special care unit requirement must submit a new waiver request form for each requirement which it seeks to have waived.

Waiver requests must be submitted by mail to:

**Licensure Coordinator
Division of Health Care Facility Licensure and Certification
Massachusetts Department of Public Health
99 Chauncy Street, 11th Floor
Boston, MA 02111**

As indicated in the Department's Circular Letter 14-5-615, dated May 22, 2014, requests submitted in 2014 for a waiver of any of the physical plant requirement were to specify how the facility would achieve compliance in a timely manner, but not later than February 28, 2015.

Any facility seeking continuation or a new waiver of any dementia special care unit requirement beyond February 28, 2015, must provide sufficient documentation to the Department to support its request for the approval of its waiver. As facilities are not required to have a dementia special care unit, the Department anticipates requests for a permanent waiver will be made in only the most extreme situations, and will be subject to thorough review by the Department before approval.

Facility questions regarding the dementia special care unit regulations should be directed to the appropriate regional manager of the Department for that facility. For questions on this Circular Letter, please contact the Regional Supervisor for your facility at 617-753-8106.

Dementia Special Care Unit (DSCU) Disclosure Form

This disclosure form must be submitted to Massachusetts Department of Public Health using the Health Care Facility Reporting System (HCFRS) annually on March 1st by each DSCU; posted in a conspicuous place in the facility; and provided by the facility to each resident or resident's authorized representative prior to admission, and to each resident, resident's authorized representative, or any member of the public upon request. See 105 CMR 150.028.

Facility Name:

Unit Name(s – if applicable):

Address:

Town or City:

Zip:

DPH License Number:

Phone:

Number of Beds:

Facility Total:

In DSCU:

Not in DCSU:

Ratio of Staff to Residents on the DSCU:

	Weekday				Weekend			
Staff Type	7AM – 3PM	3PM – 7PM	7PM – 11PM	11PM – 7AM	7AM – 3PM	3PM – 7PM	7PM – 11PM	11PM – 7AM
Registered Nurse/ Licensed Practical Nurse								
Certified Nurse Aide								
Activity Personnel								

Are the following services available within the facility to residents on the dementia special care unit?

Service	Yes	No	Service	Yes	No
Dental			Occupational therapy		
Optical			Mental Health		
Podiatry					

Hours of therapeutic activities offered for each shift:

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning (7AM – noon)							
Afternoon (noon – 5PM)							
Evening (5PM – 11PM)							

Are activities provided 24 hours a day for residents who need them? (Please check appropriate box)

Yes

No

DSCU Policies, Programs, and Physical Environment Features:					
Please indicate a “yes” or “no” answer for each question:			Yes	No	
Is there secure outdoor space with walkways for residents?					
Is the dementia special care unit locked?					
Does the dementia special care unit offer private bedrooms?					
Is the dementia special care unit equipped with a cooling system which will maintain a comfortable temperature, no greater than 75 degrees?					
Does the dementia special care unit have an Alzheimer’s/dementia support group for family members?					
Does the program/unit have a family council?					
Are written guidelines on the use of chemical and physical restrains available to consumers?					
Are family members informed of procedures for registering, resolving, and appealing any grievances or complaints?					
Does the care planning team include a variety of professionals with skills in medical and nursing, as well as in behavioral, emotional, and social needs?					
Do care plans include personal histories prior to dementia, such as skills, occupations, interests, and daily routine?					
Are care-planning meetings open to family members?					
Are care-planning meetings scheduled to accommodate family members?					
Does the dementia special care unit practice consistent assignment of direct care staff?					
Are end of life issues discussed with family members at the time of admission?					
Waivers to DSCU Requirement:					
Has the DSCU requested a waiver of any DSCU regulation? If “yes”, attach copy of waiver request.					
Requirement	Yes/ Copy Attached	No	Requirement	Yes/ Copy Attached	No
Training (105 CMR 150.024-025)			Disclosure (105 CMR 150.028)		
Activities (105 CMR 150.026-027)			Physical Environment (105 CMR 150.029)		
Facility Contacts for Additional Information:					
Name:					
Phone Number:			E-mail Address:		
Facility Administrator’s attestation the information on this disclosure form is a true and accurate representation of the staffing, services and program activity provided by the DSCU to its residents:					
Typed Name:			License Number:		
Signature:			Date:		